SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 37

FOR LINE NUMBER: (check only one)

☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 21

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NAME OF COMMITTEE (In Full)
Charlie Melancon Campaign Committee Inc

A.

Full Name (Last, First, Middle Initial)
CITIZENS FOR ALTMIRE

Mailing Address   P.O. Box 1776

City	State	Zip Code
Freedom	PA	15042

Purpose of Disbursement
Campaign Contribution

Candidate Name
CITIZENS FOR ALTMIRE

Office Sought: ☒ House ☐ Senate ☐ President
State: PA   District: 04

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/Type

Transaction ID: D4699
Date of Disbursement

M M	D D	Y Y Y Y
0 9	1 5	2 0 0 8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
CITIZENS FOR ALTMIRE

Mailing Address   P.O. Box 1776

City	State	Zip Code
Freedom	PA	15042

Purpose of Disbursement
Campaign Contribution

Candidate Name
CITIZENS FOR ALTMIRE

Office Sought: ☒ House ☐ Senate ☐ President
State: PA   District: 04

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/Type

Transaction ID: D4700
Date of Disbursement

M M	D D	Y Y Y Y
0 9	3 0	2 0 0 8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT DAVID BOSWELL TO CONGRESS

Mailing Address   5591 PANTHER CREEK PARK DRIVE

City	State	Zip Code
OWENSBORO	KY	42301

Purpose of Disbursement
Campaign Contribution

Candidate Name
COMMITTEE TO ELECT DAVID BOSWELL TO CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: KY   District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/Type

Transaction ID: D4701
Date of Disbursement

M M	D D	Y Y Y Y
0 9	3 0	2 0 0 8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .... ▶   3000.00

TOTAL This Period (last page this line number only) .... ▶

FEC **Schedule B** (**Form 3**) **(Revised 02/2003)**